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CONFIRMATION NO. 3934

<b>SERIAL NUMBER</b> 10/690,169	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> HME/7961.0013	
<b>APPLICANTS</b> R. Kent Hermesmyer, Portland, OR;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,811 11/22/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/17/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Unsettled</u> Allowance Examiner's Signature <u>UR</u> Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 29085					
<b>TITLE</b> Estrogen beta receptor agonists to prevent or reduce the severity of cardiovascular disease					
<b>FILING FEE RECEIVED</b> 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		